



**Town of Wilbraham**  
 240 Springfield Street  
 Wilbraham, Massachusetts 01095  
 413-596-2800 [www.wilbraham-ma.gov](http://www.wilbraham-ma.gov)

## APPLICATION FOR EMPLOYMENT

**PLEASE READ BEFORE FILLING OUT THIS APPLICATION:**

The Town of Wilbraham (the "Town") is an Equal Opportunity Employer. The town does not discriminate in hiring or employment on the basis of race, sex, color, handicap, national origin, military status, religion, age (as defined by law), ancestry, sexual orientation (as defined by law), genetic information and pregnancy consistent with state and federal law. No question on this form is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

In processing this employment application, the Town may request that an investigative report be prepared, which may include information as to your character, general reputation, and personal characteristics, obtained through personal interviews with neighbors, friends and associates. In addition, information may be obtained from former employers and educational institutions that you have attended. A credit bureau report may be obtained as part of this application and later for purposes of promotion, reassignment or retention.

I understand that should such investigation reveal any false statements made by me, I may be disqualified from employment or subsequently dismissed.

I understand that, if I'm hired, subsequent consumer reports may be requested without additional notice to me, in connection with the continuation of my employment (subject to collective bargaining agreements).

I understand that an offer for employment may be contingent on the results of a physical examination by a designated physician relative to the essential functions of the job.

I hereby acknowledge that I have read the foregoing disclosure and understand it. I authorize the Town to conduct whatever investigation it deems necessary, as permitted by law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ANSWER EVERY QUESTION. THIS APPLICATION MUST BE TYPEWRITTEN OR PRINTED IN BLUE OR BLACK INK.**

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_ Salary Requirements: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_ Date Available for work: \_\_\_\_\_

Are you a United States Citizen or otherwise eligible for employment in the United States?  Yes  No

***I understand that any offer for employment is conditional upon satisfactory completion of the verification process as required by the Immigration Reform Act of 1986, and that the Town will hire only those individuals who are legally authorized to work in the United States and present acceptable proof of their lawful employment status and identity.***

**APPLICANT INFORMATION**

(Last Name) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Date) \_\_\_\_\_

(Number) \_\_\_\_\_ (Street) \_\_\_\_\_ (Daytime Telephone Number) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Cellular Telephone Number) \_\_\_\_\_

Length of Time at this address \_\_\_\_\_ (E-mail Address) \_\_\_\_\_

LIST PREVIOUS ADDRESSES WITHIN THE UNITED STATES, EXCEPT MILITARY, IF ADDRESS CHANGED DURING THE PAST 5 YEARS.

(Number) (Street) (City) (State) From (date) To (date)

(Number) (Street) (City) (State) From (date) To (date)

Are you under 18 years of age?  YES  NO      If yes, date of birth? \_\_\_\_\_

Have you ever been employed by the Town before?  YES  NO      If yes, when? \_\_\_\_\_

In which department/position? \_\_\_\_\_

Do you have an immediate family member (i.e. spouse, parent, sibling, or child) working for the Town?  YES  NO

If yes, Employee's Name: \_\_\_\_\_ Department: \_\_\_\_\_

**EMPLOYMENT HISTORY**  
(attach additional sheets if necessary)

Include summer and part-time work, and any periods of unemployment. You may include your verified work performed on a volunteer basis. List only employment within the United States.

List Below the Name and Business Addresses of All Your Former Employers <b>Beginning with your Last Position</b>	Time Employed		Your Job Title	# of hours per week	Nature of work	Reason for Leaving
	From: Mo/Yr	To: Mo/Yr				
1.						
2.						
3						
4.						
5.						

May we contact the employers listed above? \_\_\_\_\_ If not, indicate by number which ones you do not wish us to contact: \_\_\_\_\_

Where you ever dismissed from a job? \_\_\_\_\_ If yes, give details: \_\_\_\_\_

\_\_\_\_\_

## EDUCATION

(do not answer if not relevant to the requirements of the position for which you are applying)

Type of School	Name of School	City/State	Course Majored In	Number of years completed	Did you Graduate? (Give Degrees)
Elementary					
High School					
College					
Graduate					
Other (Trade, Corres., Night, Online)					

## CERTIFICATIONS/LICENSES/PROFESSIONAL DESIGNATIONS

(LIST ONLY CERTIFICATIONS, LICENCES AND PROFESSIONAL DESIGNATIONS RELEVANT TO THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING)

TYPE	ISSUING AUTHORITY	DATE OF ISSUANCE	DATE OF EXPIRATION

## REFERENCES

**Business References:** list 3 former managers who directly supervised you.

Name:	Employer:
Phone:	Relationship:
Years Acquainted:	May we contact?

Name:	Employer:
Phone:	Relationship:
Years Acquainted:	May we contact?

Name:	Employer:
Phone:	Relationship:
Years Acquainted:	May we contact?

**Personal References:** List 2 character references who are not related to you and whom you have known for more than 1 year.)

Name:	
Phone:	Years Acquainted:

Name:	
Phone:	Years Acquainted:

## Acknowledgement

Thank you for completing this application. Kindly read the following carefully and sign below indicating your understanding and agreement to the following. If you have any questions regarding this statement, please ask them before signing.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities.

In the event of employment into a position with the Town, I will comply with all the rules and regulations as set forth in the town's policies, by-laws, or other communications distributed to employees, which may be changed without notice at the discretion of the Town. Additionally, I authorize the Town to supply my employment record in whole or in part, and in confidence, to any prospective employer, government agency, or other party.

I hereby authorize my present and/or former employers, educational institutions, credit bureaus, references, neighbors and friends to disclose to the Town any and all information concerning my previous employment and any other pertinent information they may have, personal or otherwise, and I release all parties from any liability whatsoever resulting from such disclosure.

I authorize the Town of Wilbraham to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Wilbraham any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Wilbraham's use only.

I hereby voluntarily release, discharge and exonerate the Town of Wilbraham, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Wilbraham.

I understand that all appointments are probationary for a period of six (6) months and that I must demonstrate my ability for continued employment. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

If required for the position I am seeking, I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

I understand that any employment offer by the Town is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.

I represent that I have read and fully understand the foregoing and seek employment under these conditions.

I understand that any offer of employment is conditioned upon the satisfactory completion of the verification process as required by the Immigration Reform and Control Act of 1986, and that the Town will hire only those individuals who are legally authorized to work in the United States and who present acceptable proof of their lawful employment status and identity.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. . In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand and agree that if I am offered employment, it will be as an employee-at-will and that no employment contract rights have been created. (This statement does not necessarily apply to those employees who, if hired, will be members of a collective bargaining agreement). I also understand and agree that my employment may be terminated at any time with or without cause (subject to the collective bargaining agreement, if applicable), and with or without advance notice at the option of either the Town or myself. Any agreement for employment must be in writing and must expressly state that I have been selected for employment by the Town of Wilbraham, and be signed by an authorized representative of the Town.

I hereby acknowledge that I have read the above statement and understand it.

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Signature of Applicant

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Date



